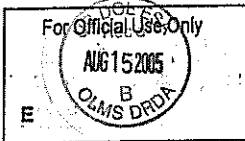


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6286</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>HENRY E SOLANO</u> P.O. Box, Bldg., Room No., if any Street <u>6780 CLEARWATER DRIVE</u> City <u>LOVELAND</u> State <u>CO</u> ZIP Code + 4 <u>80538</u>	4. Name, file number, and address of labor organization. Name <u>PIPEFITTERS LOCAL UNION 208</u> Labor Organization File Number <u>042-108</u> P.O. Box, Building and Room Number, if any Street <u>6350 BROADWAY</u> City <u>DENVER</u> State <u>CO</u> ZIP Code + 4 <u>80216</u>
5. Position in labor organization. <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Henry E. Solano

On

8-9-05

Date

303-428-4380

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Same

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☒ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PIPEFITTERS JOB VACATION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6350 BROADWAY

City DENVER

State CO ZIP Code + 4 80216

11.a. Nature of such dealing.

TRUSTEE'S MEETING LUNCH

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

6-7-2004 67.41 TRUSTEE'S LUNCH

10-11-2004 28.90 TRUSTEE'S LUNCH

12.b. Amount.

96.11

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>
--	--

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Henry E. Shaw

On

8-8-05

Date

303-428-4380

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (Including trade name, if any).</p> <p>Name <u>Same</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>																		
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>PIPE INDUSTRY HEALTH + WELFARE FUND SECOLORADO</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2821 SOUTH PARKER ROAD SUITE 1005</u></p> <p>City <u>AURORA</u></p> <p>State <u>CO</u> ZIP Code + 4 <u>80014</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>MEALS PROVIDED AT TRUSTEE'S MEETINGS</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>JAN - 04</td> <td>- 38.00</td> <td>BREAKFAST + LUNCH</td> </tr> <tr> <td>MARCH - 04</td> <td>- 36.00</td> <td>" "</td> </tr> <tr> <td>MAY - 04</td> <td>- 32.00</td> <td>" "</td> </tr> <tr> <td>JULY - 04</td> <td>- 40.00</td> <td>" "</td> </tr> <tr> <td>SEPTEMBER - 04</td> <td>- 35.00</td> <td>" "</td> </tr> <tr> <td>NOVEMBER - 04</td> <td>- 38.00</td> <td>" "</td> </tr> </table> <p>12.b. Amount. <u>216.00</u></p>	JAN - 04	- 38.00	BREAKFAST + LUNCH	MARCH - 04	- 36.00	" "	MAY - 04	- 32.00	" "	JULY - 04	- 40.00	" "	SEPTEMBER - 04	- 35.00	" "	NOVEMBER - 04	- 38.00	" "
JAN - 04	- 38.00	BREAKFAST + LUNCH																	
MARCH - 04	- 36.00	" "																	
MAY - 04	- 32.00	" "																	
JULY - 04	- 40.00	" "																	
SEPTEMBER - 04	- 35.00	" "																	
NOVEMBER - 04	- 38.00	" "																	

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

E

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> 01 / <input type="text"/> 01 / <input type="text"/> 04 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 04
3. Name and address of person filing. Name <input type="text"/> HENRY <input type="text"/> E <input type="text"/> SOLANO P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 6350 BROADWAY City <input type="text"/> DENVER State <input type="text"/> CO ZIP Code + 4 <input type="text"/> 80216	4. Name, file number, and address of labor organization. Name <input type="text"/> PIPEFITTERS LOCAL UNION 208 Labor Organization File Number <input type="text"/> 12108 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 6350 BROADWAY City <input type="text"/> DENVER State <input type="text"/> CO ZIP Code + 4 <input type="text"/> 80216
5. Position in labor organization. <input type="text"/> BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Henry E. Solano

On

8-9-05

Date

303-428-4380

Telephone Number

Name of Person Filing <u>HENRY E. SOLANO</u>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SAM</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>CONTRACT ADMINISTRATION FUND NORTHEASTERN COLORADO</u></p> <p>Trade Name, if any: <u>CAF</u></p> <p>P.O. Box, Bldg., Room No., if any <u>4 SUITE 230</u></p> <p>Street <u>4800 HAPPY CANYON ROAD</u></p> <p>City <u>DENVER</u></p> <p>State <u>CO</u> ZIP Code + 4 <u>80237</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>WESTERN TECHNICAL CONFERENCE</u></p> <p>11.b. Approximate dollar value of such dealing. <u>150.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER AT CONFERENCE - 150.00</u></p> <p>12.b. Amount. <u>150.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	4. Name, file number, and address of labor organization. Name <input type="text"/> Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>
5. Position in labor organization. <input type="text"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Henry E. Slocano

On

Date

Telephone Number

Name of Person Filing

HENRY E. SOLANO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Same

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name PIPEFITTERS SOUTHERN AFFILIANCE COMMITTEE

Trade Name, if any:

JAFC

P.O. Box, Bldg., Room No., if any

Street

6350 BROADWAY

City

DENVER

State

CO

ZIP Code + 4

80216

11.a. Nature of such dealing.

MEALS PROVIDED FOR COMMITTEE MEETING
MEAL PROVIDED AT COMPLETION DINNER
MEAL PROVIDED AT CHRISTMAS LUNCHEON

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

4-27-04	15.00	COMMITTEE MEAL
4-28-04	15.00	"
5-21-04	62.00	COMPLETION DINNER
6-02-04	15.00	COMMITTEE MEAL
6-08-04	15.00	"
8-25-04	15.00	"
11-23-04	15.00	"
11-17-04	15.00	"
12-08-04	30.00	CHRISTMAS LUNCHEON

12.b. Amount.

198.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.